

**Please state what you think should be done to resolve the complaint or grievance:**

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Please attach additional pages as needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to: ADA Coordinator, \_\_\_\_\_)

## Appendix A: Complaint/Grievance Form

### Grievant information:

Grievant Name:			
Address:	City	State <b>IN</b>	Zip Code:
Phone: (       )       -			
Alternative Phone: (       )       -			

### Person Preparing Complaint Relationship to Grievant (if different from Grievant)

Name:			
Address:	City	State <b>IN</b>	Zip Code:
Phone: (       )       -			
Alternative Phone: (       )       -			

Please specify any location(s) related to the complaint or grievance (if applicable):

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Please provide a complete description of the specific complaint or grievance:

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